| Gift to Agency Report                           | A Public Document  | Fastor of a service of a service | GIFT TO AGENCY REPOR   |
|---|--|----------------------------------|--|
| 1. Agency Name                                  |  | San Date Stamp of the            | California 201   |
| City of Sani                                    | Juse   | Transpose City Ule               | Form O   |
| Division, Department, or Region                 | (if applicable)  | 2017 MOV 10 PM 1.                | For Official Use Only  |
| Pitu Como                                       |  | CONTRACTOR IN THE                | 16   |
| Street Address                                  | 10 m - 1 hr  | d majorismosis                   |  |
| 2004.80   | and the  |                                  |  |
| Area Code/Phone Number   E-                     | mail SUCKEYS SUCKEY                                      | 73113                            |  |
|   | ocadal a a sad   | Amendment (explain in            | comment section)   |
| Agency Contact (name and title)                 | ragdalera. Chron-col                                     | Date of Original Filing: _       |  |
|   | Sanjuxcas  | Y                                | (month, day, year)   |
|   | 2)erk  |                                  |  |
| 2. Donor Name and Address                       |  |                                  |  |
| ☐ Individual                                    | FPOther  | Leave ve of                      | CA CHIES   |
| Last Name                                       | First Name   | O Na                             | ame G - DIVI   |
| 1000 K  | ect SUX19100 Dury  | Conemp CH                        | 15810  |
| Address   | - City   | State                            | Zip Code (   |
| advocace to                                     | cities un state  | lec solot                        | 7027   |
| If "Other" is marked, describe the entity's bus | ness activity (if business) or its nature and interests. | d                                |  |
| If applicable, identify the name of e           | ach source and the amount(s) solicited or receive        | ed by the donor for this gift    | 9  |
|   |  |                                  |  |
| Name  | S—————————————————————————————————————                   | Name                             | \$Amount   |
|   |  | 17101779                         | 1111100011   |
| . Payment Information                           |  |                                  |  |
| Date and Amount of Payment                      | (other than travel)\$                                    | (Dawed to the Landa Hara)        | <del>_</del> .   |
|   | (month, day, yeār)                                       | (Round to whole dollars)         | ~ \ ^~~  |
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| 4/70/PP   | \$ 601,00 \$ 106,00                                      | \$ 5                             | s 1001,0°  |
|   | ion of the nature and use of the paym                    |                                  |  |
| Provide a specific descript                     | ion of the nature and use of the paying                  | ient for Official agen           | cy business.   |
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| Hatasadtes at a septential a few said           |  |                                  |  |
| Identify the officials for wh                   | om the payment was used:                                 |                                  |  |
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| LATTASCO III                                    | aggalence VICEVI   | 10240V CH                        | Ju LOUYE!  |
| Last Name                                       | Prist Name   | Title                            | Debaument/Division   |
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| Verification                                    |  |                                  | The second secon |
|   | tornets of the agency to account this oift and use if    | for the official against hum     | inner described above  |
| i nava uatarninan tilat it is in tila lui       | terests of the agency to accept this gift and use it     | ior the unitial agenty bus       | iriess described abuve.  |
| A)  |  |                                  |  |
| 4 Will  | TONI TABLE City  | u chear                          | Velia  |
| Signature of Agency Head or Designee            | Print Name   | Title                            | (month, day, year)   |
|   |  |                                  |  |
| Comment: (Use this space or an atta             | chment for any additional information.)                  |                                  |  |
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